

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029255

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 43247

Registrar's No. 32-63

FILED JUL 18 1963

1. PLACE OF DEATH

a. COUNTY Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b
Hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At the mouth of the Big
Tavern Creek and Osage River

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Centralia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First GEORGE

Middle THOMAS

Last FADLER

4. DATE OF DEATH
Month Day Year
July 14, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-28-1938

9. AGE (last birthday)
24

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Advertising Agency

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Hallsville, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph Stanley Fadler

13b. MOTHER'S MAIDEN NAME

Winnie L. Fillyaw

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes Post Korean

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Joseph Fadler Centralia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anoxia

INTERVAL BETWEEN
ONSET AND DEATH
10 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Strangulation

DUE TO (c) Drowning

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Traveling in boat on Osage river and Big

20c. TIME OF INJURY
Hour... Month, Day, Year
3:25 7-14-1963

Tavern creek when boat capsized and sank.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
On river

20f. CITY, TOWN, OR LOCATION
Near St. Elizabeth
COUNTY Miller STATE Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Tuscumbia, Mo.

22c. DATE SIGNED

7-14-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE
7-18-1963

23c. NAME OF CEMETERY OR CREMATORY
Centralia Cemetery

23d. LOCATION (City, town, or county) (State)
Centralia, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Scrivner-Stevinson Iberia, Mo.

25. DATE RECD. BY LOCAL REG.

7-15-1963

26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0660
2 0101
3 2
4 0
5 0
6
7 0
8 0
9 750X
10 42
11 066
12 91-3
13 1-0

SEP 20 1963

JUL 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jay A. Stevenson

Licensed Embalmer No. _____

5201

P. O. Address _____

Iberia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.